

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTH DIVISION

FILED (1)  
2014 AUG 18 P 2:54  
U.S. BANKRUPTCY COURT  
E.D. MICHIGAN DETROIT

In re:

CITY OF DETROIT, MICHIGAN  
AND EMERGENCY MANAGER  
KEVYN D. ORR

Debtor

Chapter 9  
Case No: 13-53846  
Hon: Steven W. Rhodes

MOTION

Now comes, Tijuana Morris and Pursuant Federal Court Rules of Civil Procedure 7(b) (1) and the 1<sup>st</sup> Amendment of the Constitution of the United States. I Object to the Plan of Adjustment for the following reasons:

- 1) I am a Retired Detroit Police Officer, (Pensioner), who filed objections without an attorney. I am requesting the opportunity to be heard and present evidence as well as witnesses at the confirmation hearing.
- 2) When I signed up to become a Detroit Police Officer, I signed a contract.
- 3) My Disability Settlement Agreement with the Detroit Police Department is violated.
- 4) My medical insurance is unaffordable. My medication cost over \$3,000.00 per month. It is more than my pension check. I do not qualify in the assistance category. I've had two major surgeries on my spine. I cannot afford to be examined for anything, because I must pay my deductible, \$5,000.00 before I can get any percentage off of my prescriptions.
- 5) I was informed by Social Security, that I was not 65, and that I did not pay into the Social Security in the last 10 years, and that I was not illegible to receive medical benefits. DHS stated that my income was too high so by law they could not assist me.

- 6) There is no healthcare protection for the middle class Police and Fire Retirees.
- 7) Mismanagement of the Detroit Police Department and Federal Monitor failing to engage in making sure departmental procedures are being followed.
- 8) My Auto Insurance Company, State Farm, placed me under insurance fraud investigation, stating that I sustained my injuries from work related injuries. Their Expert Witness testified to my injuries and the progression process over a period of time, but this does not excuse State Farm from their negligence. I was the victim, (Pedestrian). The Judge stated that there was no fraud and ordered State Farm to remove fraud from my record. I'm appealing the case in the Court of Appeals.
- 9) I exhausted my annuity account while recovering from the accident. State Farm stop paying for bills after my attorney contacted them. I was penalized for withdrawing my annuity and again when I filed my income tax.
- 10) State Attorney General Bill Schuette stated that charging the Pensioners was illegal. He stated in the HOFFPOST that he will file an appearance in federal bankruptcy court.

Governor Rick Snyder/ Lansing, owes the City of Detroit \$732 million dollars dating back 2003 to 2013. If you add 21 percent interest rate and 6.75 percent claw-back rate that's a lot of money. The State should pay for the cost of Kevyn Orr and Jones Day Group.

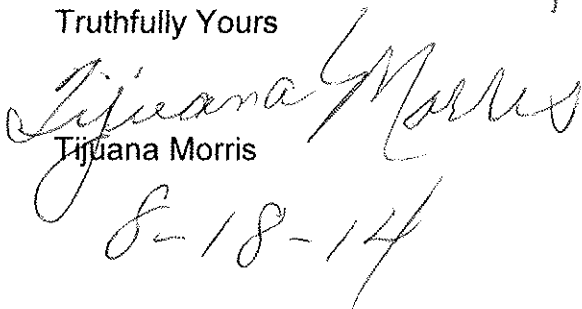
This situation that I am in has affected me very badly. The majority of my life, I have assisted those who need my help and now I need HELP!!!

**BRIEF IN SUPPORT**

- 1) DPD Retirement Picture
- 2) Same as above
- 3) Disability documents
- 4) These documents are recorded in the plan of adjustments and bill from hospital
- 5) Social Security and DHS Denial letters, World Relief Denial letter
- 6) Same as above
- 7) Federal Monitor complaint
- 8) Appeal Court information and Court Transcript Judge's ruling (upon request if needed)
- 9) Pension Annuity statements
- 10) Jonathan Oosting | joosting@mlive.com  
Follow on Twitter

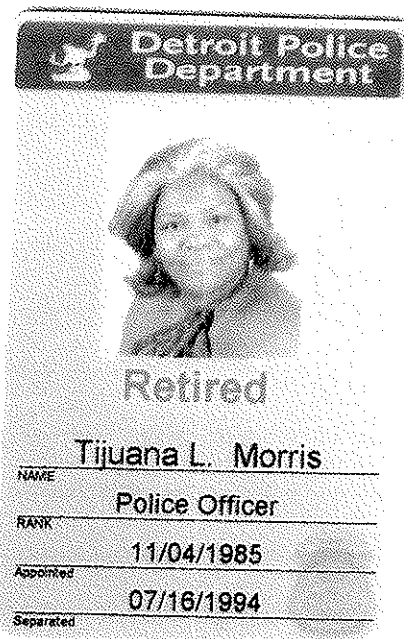
Witness Bob Sisler in support of me

Truthfully Yours

  
Tijuana Morris  
8-18-14

EXHIBIT

- 1) DPD Retirement Picture
- 2) Same as above



**THIS IS NOT A CCW PERMIT AS  
DEFINED BY PUBLIC ACT 218**

The bearer of this card, whose  
photograph appears hereon, met the  
requirements for retirement from the  
Detroit Police Department. If this card is  
lost, the finder is requested to mail it to  
the:

Detroit Police  
Chief of Police  
1300 Beaubien  
Detroit, MI 48226

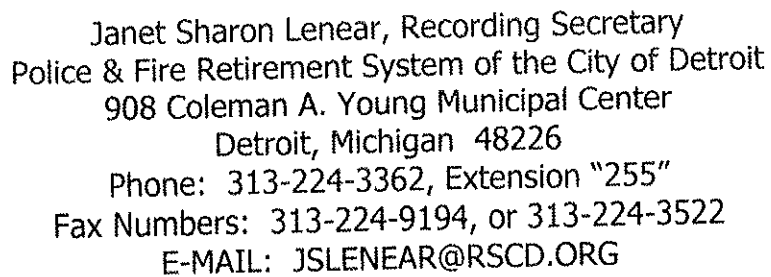
Telephone 313-596-2540

3/30/1955  
BOB

230371  
Pension #

## EXHIBIT

### 3) Disability documents



DATE: MARCH 11, 2014

TO: MS. MORRIS

FROM: MISS LENEAR

A COPY OF THE BELOW-REFERENCED DOCUMENTS (WHICH ARE ENCLOSED HERewith) HAVE BEEN FORWARDED TO MS. GEMMA FOSTER OF RISK MANAGEMENT:

- 1) APRIL 16, 1998 BOARD RESOLUTION
- 2) YOUR MAY 23, 1994 DUTY DISABILITY RETIREMENT APPLICATION

SAID DOCUMENTS WERE SUBMITTED TO RISK MANAGEMENT (WORKERS' COMPENSATION) ON APRIL 17, 1998.

THE BOARD'S APRIL 17, 1998 LETTER TO YOU (A COPY OF WHICH IS ALSO ENCLOSED) WAS NOT SUBMITTED TO MS. FOSTER, AS SAME IS FOR YOUR RECORDS ONLY.

ENCLOSURES:



POLICE AND FIRE RETIREMENT SYSTEM  
OF THE  
CITY OF DETROIT

2 WOODWARD AVE. STE. 908  
DETROIT, MI 48226-3413  
PHONE 313-224-3362  
TOLL FREE 800-339-8344  
FAX 313-224-3522

May 19, 2011

TIJUANA L MORRIS  
PO BOX 23712  
DETROIT MI 48223-0712

Re: P-230371

Dear Ms. Morris:

On May 19, 2011, the Board of Trustees approved your Conversion from Duty Disability Retirement, effective November 4, 2010.

You selected the Straight Life Retirement Allowance. Upon your death, your retirement allowance will stop. Your accumulated contributions from the Annuity Savings Fund will be refunded to you.

Your benefit will be approximately \$2,828.04 per month. Your first check covering the period from November 4, 2010 through June 30, 2011 will be mailed to you on or about July 1, 2011.

Very truly yours,

**BOARD OF TRUSTEES**

Police and Fire Retirement System

my CHECK was withheld until I signed  
THIS DOCUMENT IN MAY 2011. I SIGNED UNDER  
PRESSURE  
Tijana Morris





POLICEMEN AND FIREMEN  
RETIREMENT SYSTEM  
OF THE  
CITY OF DETROIT

2 WOODWARD AVE. STE. 90  
DETROIT, MICHIGAN 48226  
PHONE 313•224•3362  
TOLL FREE 800•339•8344  
FAX 313•224•3522

JULY 28, 2003

RE: TIJUANNA MORRIS - 386602534

TO WHOM THIS MAY CONCERN:

TIJUANNA MORRIS WAS APPROVED A DUTY DISABILITY RETIREMENT ON APRIL 16, 1998 EFFECTIVE JULY 16, 1994, BY THE BOARD OF TRUSTEES OF THE POLICEMEN AND FIREMEN RETIREMENT SYSTEM OF THE CITY OF DETROIT. SHE WAS FOUND, BY THE BOARD OF TRUSTEES, TO BE TOTALLY DISABLED TO PERFORM HIS DUTIES OF EMPLOYMENT AND THAT SUCH DISABILITY WAS DUTY-CONNECTED. THE AMOUNT OF THE DUTY DISABILITY PENSION BENEFIT IS COMPUTED CONSISTENT WITH THE PROVISIONS OF THE RETIREMENT SYSTEM WHICH HAVE THEIR ORIGINS IN THE CHARTER, THE MUNICIPAL CODE AND COLLECTIVE BARGINING PROVISIONS.

EMPLOYEES DISABLED DUE TO THEIR EMPLOYMENT ARE ELIGIBLE FOR WORKERS' COMPENSATION BENEFITS PURSANT TO STATE LAW. HOWEVER, MICHIGAN LAW AND PENSION PROVISIONS DO NOT ALLOW A DISABLED POLICE OFFICER OR FIRE FIGHTER TO RECEIVE BOTH A CHARTER-AUTHORIZED DISABILITY PENSION AND WORKERS' COMPENSATION BENEFIT. GENERALLY, AN ELECTION MUST BE MADE BY THE DISABLED EMPLOYEE AS TO WHICH BENEFIT WILL BE PAID. THE DISABILITY BENEFIT IN THE DEFINED BENEFIT PLAN OF THE RETIREMENT SYSTEM IS IN THE NATURE OF AND IN LIEU OF WORKERS' COMPENSATION.

THE POLICEMEN AND FIREMEN PENSION PROVISIONS REQUIRE THAT UPON REACHING THE DATE THAT A DISABILITY RETIREE WOULD HAVE BEEN ELIGIBLE TO RETIRE ON A SERVICE PENSION, SUCH DISABILITY RETIREE IS CONSIDERED TO BE ON A REDUCED DUTY DISABILITY RETIREMENT. BECAUSE OF THIS RETIREE'S YEARS OF SERVICE, HE IS THEREFORE, CONSIDERED TO BE A REDUCED DUTY DISABILITY RETIREE AND SHOULD CONSULT A TAX ADVISOR REGARDING THE TAX TREATMENT OF THESE RETIREMENT BENEFITS.

VERY TRULY YOURS,

NICHOLAS H. DEGEL  
EXECUTIVE SECRETARY



POLICEMEN AND FIREMEN  
RETIREMENT SYSTEM  
OF THE  
CITY OF DETROIT

908 CITY-COUNTY BUILDING  
DETROIT, MICHIGAN 48226  
PHONE 313•224•3362  
FAX 313•224•3522

April 17, 1998

Tijuanna Morris  
15334 Burt Road  
Detroit, Michigan 48223

Having read and considered the Medical Board of Review reports regarding your case, the Board of Trustees, on Thursday, April 16, 1998, approved your application for Duty Disability Retirement for the following injuries:

Neck  
Chest  
Back

Sincerely,

*Janet Sharon Lenear*  
Janet Sharon Lenear, Recording Secretary

Copy Receiver: Worker Compensation

*Valerie I. Johnson, Secretary, Nicholas Dugel, Administrative Secretary,  
Medical Director, Reginald F. O'Neal, D.O., Ronald Zajac, Legal Counsel,  
Thomas Zehodowski, Executive Secretary*

BOARD OF TRUSTEES

*Lx Office Members: Dennis W. Archer, Mayor; Gil Hill, Council Designate;  
Shafiq Fery III, Treasurer; Isaiah McKinnon, Chief of Police;  
Harold D. Williams, Sr., Fire Commissioner;  
Heckle A. McInnis, Member At-Large; John J. O'Neil,  
Councilman; Mark L. Knowles, Councilman; Ronald Stewart*

MEDICAL BOARD OF REVIEW OF TIJUANA MORRIS

BY MR. ORZECZ  
SUPPORTED BY MR. KNOWLES

WHEREAS, THE BOARD HAS READ AND CONSIDERED THE MEDICAL BOARD OF REVIEW REPORTS REGARDING TIJUANA MORRIS' CASE, THEREFORE BE IT

RESOLVED, THAT THE BOARD APPROVE MS. MORRIS' APPLICATION FOR DUTY DISABILITY RETIREMENT FOR **CHEST, NECK AND BACK** INJURIES, AND BE IT FURTHER

RESOLVED, THAT A COPY OF THIS RESOLUTION BE PROVIDED MS. MORRIS AND WORKER COMPENSATION:

Yeas - Trustees Abdelnour, Clark, Knowles, Orzech, Sexton,  
Stempin, Terry and Chairman Royal - 8

Nays - **None**

**Reginald O'Neal, D.O.  
Board Certified Internal Medicine  
2600 Martin Luther King Jr. Blvd. Suite 220  
Detroit, MI 48208-2596**

July 10, 1996

**Board of Trustees  
Police & Fireman Retirement System  
908 City County Building  
Detroit, MI 48226**

**RE: Morris, Tijuana  
SS #: [REDACTED]**

**Dear Board Members:**

Police Officer Tijuana Morris was seen at your request for reevaluation for determination of continued Duty Related Disability Retirement. Officer Morris was granted this retirement secondary to development of cervical myositis on the left along with left upper extremity tendonitis and depression. She reports that she continues to have numbness, tingling and stiffness in the left lower extremity and neck area. She states she continues to have chest discomfort that is intermittent, episodic and aggravated by any type of physical activity. She has developed muscle spasms in both lower extremities. She states that they are uncontrollable and can occur any time. She has also developed swelling of the left arm whenever staying in an independent position.

Police Officer Morris is receiving treatment by Dr. Laran Lerner a specialist in physical medicine. She states she sees him on a weekly basis and receives ultrasound treatment, wax treatment and heat packs applied to her neck and upper extremities. In addition to the above mentioned therapeutic measures she continues to wear a back brace for support when ambulating and walks with a cane.

**Physical Exam: Age . 41 Wt. 180, Ht. 5' 4", BP. 110/70, Temp. 98.8, Pulse 100.**

**General:** Well nourished, well developed male who is alert and oriented to person, place and time who walks with very measured gait secondary to, "The pain she feels with movement." **HEENT** Pupils are equal and reactive to light accommodation. Extraocular muscles are intact. **Heart** has a regular rate and rhythm, without murmur S3, S4 auscultated. **Lungs** are essentially clear to auscultation, no rales or rhonchi appreciated. **Abdomen** is soft and nontender with bowel sounds in all four quadrants. No

Dr. O'Neal  
Morris, Tijuana  
Pg. 2. of 2.

Hepatosplenomegaly is appreciated. **Extremities:** Patient is severely tender in area of left cervical musculature and left paraspinal muscle in the thoracic area. Evaluation of grip strength is severely restricted on the left rated as 1/5. It is worth to note that the patient is left handed and should have more strength in her left than the right. She resists elevating her left upper extremity more than approximately 45° from midline. She was positive for pain in straight leg raising on the left at approximately 15° and on the right 40°. She states the pain is localized into her lower back area.

**Conclusion:**

Police Officer Tijuana Morris continues to received treatment for depression in the form of Buspar and Zoloft. She continues to exhibit severe myofascial. We therefore recommend that his disability be continued with reevaluation in one year.

Sincerely,

---

Reginald E. O'Neal, D.O., Medical Director

---

Luis A. Murrain, D.O.

LARAN LERNER, D.O.  
PHYSICAL MEDICINE AND REHABILITATION  
Michigan Health Center  
2600 Martin Luther King Jr Blvd Suite 280  
Detroit, MI 48208  
313-721-0011

May 28, 1996

RE TIJUANA MORRIS

This patient has remained under my medical treatment and care from May 2, 1994 until the present time

This patient continued to complain of neck pain radiating to her left upper extremity with numbness and paresthesia. She complained of low back pain radiating to her left lower extremity with numbness and paresthesia. She complained of mid back pain, pain in her left shoulder, pain in her chest, and pain in her left elbow. She complained of shortness of breath and dyspnea on exertion. She uses a cane for assistance with her gait. She stated any activity such as bending, twisting, turning, lifting, or overhead reaching seem to aggravate her neck, low back, left shoulder, and left chest wall symptoms.

PHYSICAL EXAMINATION

This patient's affect appeared flat and depressed.

Examination of the cervical, dorsal, and lumbar spine has revealed decreased range of motion with tenderness to palpation. There has been intermittent trigger point areas and muscle spasm in this patient's dorsal and cervical areas.

Examination of the left shoulder revealed restricted range of motion. There was tenderness to palpation of the left shoulder rotator cuff muscles.

Examination of the left elbow revealed tenderness to palpation over the left elbow lateral epicondyle and along the extensor tendons and muscles of the left forearm.

There was tenderness to palpation of the left costochondral junction over the anterior chest wall. The chest was clear to auscultation and percussion. The heart had regular rate and rhythm.

Muscle testing of the lower extremities was normal bilaterally.

Deep tendon reflexes in the lower extremities were normal bilaterally.

TIJUANA MORRIS

2

Sensation was intact in the lower extremities

X-rays of the cervical spine and CT-Scan of the cervical spine performed on October 6, 1995 revealed straightening of the cervical curve which was secondary to muscle spasm

X-rays of the lumbosacral spine as well as CT-Scan of the lumbosacral spine also performed on October 6, 1995 revealed degenerative changes in the lower thoracic spine. There was a mild diffuse posterior disc bulge at the L4-5 level

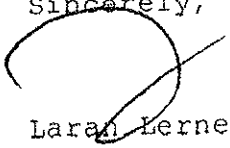
#### IMPRESSION

- 1 Chronic cervical, dorsal, and lumbar myofascial ligamentous strain
- 2 Chronic left cervical radiculopathy
- 3 Chronic myofascial pain syndrome
- 4 Chronic left shoulder rotator cuff tendinitis
- 5 Left anterior chest wall costochondritis with possible myocardial ischemia and angina
- 6 Depression
- 7 Chronic left elbow lateral epicondylitis
- 8 Degenerative thoracic disc disease
- 9 L4-5 lumbar disc bulging

#### RECOMMENDATIONS

I have advised this patient to refrain from engaging in any strenuous avocational, vocational, or household activities that would tend to aggravate this condition. The prognosis is guarded. I recommended additional intermittent outpatient physical therapy treatment. I also recommended analgesic and muscle relaxant medications. I recommended continued use of the lumbar corset and standard cane for this patient.

Sincerely,

  
Laran Lerner, D O  
Board Certified  
Physical Medicine and Rehabilitation

TEL: 535-6315

CITY OF DETROIT POLICEMEN AND FIREMEN RETIREMENT SYSTEM  
APPLICATION FOR DISABILITY RETIREMENT  
(To be filled out in ink)

Disability Number

Membership Number

230371

1. Claimant's Name <b>TIJUANA L. MORRIS</b>		7. Are you applying for duty disability retirement <input checked="" type="checkbox"/> or non-duty disability retirement <input type="checkbox"/>
2. Residence Address <b>15334 BURT RD, DETROIT, MI 48223</b>		8. State whether your disability is permanent or temporary <b>PERMANENT</b>
3. Date of Birth Month <b>MARCH</b> Day <b>30</b> Year <b>1955</b>		9. When did you first notice your disability (Give date) <b>12-16-93</b>
4. Department employed in <b>LICE DEPT</b>		10. When did you first consult a physician about your disability? <b>12-29-94</b>
(a) Division		11. Are you receiving or have you made application for disability benefits from any other source? <b>NO</b>
(b) Title on Payroll <b>POLICE OFFICER</b>		12. If your disability is the result of an accident, give names and addresses of witnesses.
(c) Name of immediate superior		
(d)		
5. Give date you started to work for the city		
6. Date you last attended to your duties with the City. <b>STILL WORKING</b>		

13. GIVE FULL EXPLANATION OF THE NATURE AND CAUSES OF YOUR DISABILITY

**CHEST, BACK, NECK, ARM INJURIES**

14. Names and addresses of physicians you have consulted in connection with your disability

Date of Attendance

Name

Address

R GEORGE SAWABINI	4420 E. DAVISON DETROIT, MI 48212	
DR. LERNER	2600 MARTIN LUTHER KING DR. DETROIT, MI 48206	ELVD
MAD KATI	26555 EVERGREEN SOUTHFIELD, MI 48075	

The undersigned member hereby makes claim to the Policemen and Firemen Retirement System of the City of Detroit for disability benefits and authorizes the above named physicians, who have attended him to report directly to the Medical Director of the Policemen and Firemen Retirement System regarding his physical condition. The undersigned member agrees that the furnishing of this form or other forms supplemental thereto by the Policemen and Firemen Retirement System is not to be considered nor constitute an admission of liability by the City of Detroit Police-  
men and Firemen Retirement System.

Dated at **DETROIT, MI 48226** This **23** Day of **MAY** **1994**

*Ed BT me*  
Signature of Witness

*[Signature]*  
Signature of Member





POLICEMEN AND FIREMEN  
RETIREMENT SYSTEM  
OF THE  
CITY OF DETROIT

908 CITY COUNTY BUILDING  
DETROIT, MICHIGAN 48226  
PHONE 313\*224\*3362  
FAX 313\*221\*3522

**May 18, 1995**

**Tijuana L. Morris  
15334 Burt Road  
Detroit MI 48223**

**Dear Ms. Morris:**

**On May 18, 1995, the Board of Trustees approved your application for Duty Disability Retirement for arm injury and denied your application for Duty Disability Retirement for chest, neck and back injuries.**

**In the event you wish to have your application for Duty Disability Retirement for chest, neck and back injuries re-considered by a Medical Board of Review, We enclose the provisions in the City Charter regarding procedures for a Medical Board of Review. If you go to a Medical Board of Review, you must provide this writer with the complete name, address, zip code and telephone number of the physician you wish to represent you on said Medical Board of Review. This must be done in writing within 30 days.**

**Sincerely,**

*Ms. Lenear*  
**Janet S. Lenear  
Recording Secretary**

**Enclosure:**

*Eric M. Tucker Secretary Nicholas Degel Administrative Secretary  
Medical Director Reginald L. O'Neal D.O. Ronald Zajac Legal Counsel  
Thomas Zehradou Jr. Executive Secretary*

**BOARD OF TRUSTEES**

*Ex Officio Members Dennis W. Archer Mayor Gil Hill Council Designate  
Earl C. Cabbell Treasurer Isaiah McKinnon Chief of Police  
Harold D. Watkins Sr. Fire Commissioner  
Elected Members Samuel Abdounour John Clark*

(MEDICAL BOARD OF REVIEW)

If the Board of Trustees, any member, any beneficiary or any other person claiming benefits hereunder, shall disagree with any medical findings of the Medical Director, the Board of Trustees, may, on its own motion, or on the petition of any such member, beneficiary or person claiming benefits hereunder, refer the matter in dispute to a Medical Board of Review, consisting of 3 physicians or surgeons, of whom 1 shall be named by the Board of Trustees, 1 shall be named by the affected member, beneficiary, or other person claiming benefits, and the 3rd shall be named by the 2 so named. THE MEDICAL DIRECTOR SHALL IN NO CASE BE A MEMBER OF THE MEDICAL BOARD OF REVIEW.

Such Medical Board of Review shall be named within 10 days after the filing of such petition. The Medical Board of review shall promptly examine the medical findings in dispute and shall, within 60 days from its appointment, file with the Board of Trustees a written report of its findings, WHICH SHALL BE FINAL AND BINDING AS TO THE MEDICAL FINDINGS.

The REASONABLE FEES (EXPENSES) of such Medical Board of Review shall be paid from the Expense Fund.

City of Detroit Policemen and Firemen Retirement System 908  
City/County Building, Detroit MI 48226 (313-224-3360)

City Charter - Title IX - Chapter VII - Article III - Section  
XII - Paragraph C

**Reginald E. O'Neal, D.O.**

Board Certified Internal Medicine

2600 M.L. KING JR. BLVD., Suite 260  
Detroit, Michigan 48208-2596

(313) 895-3137

FAX (313) 899-5604

May 10, 1995

Board of Trustees  
Police and Fire  
Retirement System  
908 City-County Building  
Detroit, Michigan 48226



RE: Tijuana Morris  
SS: 386-60-2534

Dear Board Members:

Police officer Morris has requested a Duty Disability Retirement for chest, back, neck, and arm injuries.

**HISTORY OF ILLNESS:** On 12/16/93 she was involved in a physical struggle with an individual who was suffering from a confused mental state. While arrest of the person required physical restraint she and her partner were able to help the EMS crew keep the lady strapped to the stretcher. After completing the paper work to commit the lady, who she struggled with, to the Detroit Receiving she noted pain in the left chest, shoulder, and arm. Over the next couple of weeks she continued to experience left sided chest pain. On 12/29/93 the pain was so severe that she sought treatment at Grace Hospital on Outer Drive. She was admitted and released two days later at her request. Officer Morris continued to have chest pain. Because of the continued pain a coronary artery catheterization was completed and no evidence of heart disease was found. Since that injury she continues to suffer from pain in the left chest and left shoulder and arm. She reports that the pain is always present unless she receives an injection of the left elbow or upper left back area. The injection will provide relief for a couple of days. If she lays down for a hour or longer she will have lessening of the pain. She reports swelling of the entire left arm if she uses the arm too much, ie. picking up a two liter pop will cause pain as well as writing (left handed).

TEL: 535-6315

**CITY OF DETROIT POLICEMEN AND FIREMEN RETIREMENT SYSTEM**  
**APPLICATION FOR DISABILITY RETIREMENT**  
 (To be filled out in ink)

Disability Number

Membership Number

230371

<p>1. Claimant's Name <b>TIJUANA L. MORRIS</b></p> <p>2. Residence Address <b>15334 BURT RD, DETROIT, MI 48223</b></p> <p>3. Date of Birth          Month <b>MARCH</b> Day <b>30</b> Year <b>1955</b></p> <p>4. Department employed in <b>POLICE DEPT</b></p> <p>(a) Division</p> <p>(b) Title on Payroll <b>POLICE OFFICER</b></p> <p>(c) Name of immediate superior</p> <p>(d)</p> <p>5. Give date you started to work for the city</p> <p>6. Date you last attended to your duties with the City. <b>STILL WORKING</b></p>	<p>7. Are you applying for duty disability retirement <input checked="" type="checkbox"/> <b>XXX</b>          or non-duty disability retirement <input type="checkbox"/></p> <p>8. State whether your disability is permanent or temporary <b>PERMANENT</b></p> <p>9. When did you first notice your disability (Give date) <b>12-16-93</b></p> <p>10. When did you first consult a physician about your disability? <b>12-29-94</b></p> <p>11. Are you receiving or have you made application for disability benefits from any other source? <b>NO</b></p> <p>12. If your disability is the result of an accident, give names and addresses of witnesses.</p>
---	--

13. **GIVE FULL EXPLANATION OF THE NATURE AND CAUSES OF YOUR DISABILITY**

**CHEST, BACK, NECK, ARM INJURIES**

14. Names and addresses of physicians you have consulted in connection with your disability

Name	Address	Date of Attendance
DR GEORGE SAWABINI	4420 E. DAVISON DETROIT, MI 48212	
DR. LERNER	2600 MARTIN LUTHER KING DR. DETROIT, MI 48206	ELVD
HMAID KAFI	26555 EVERGREEN SOUTHFIELD, MI 48075	

The undersigned member hereby makes claim to the Policemen and Firemen Retirement System of the City of Detroit for disability benefits and authorizes the above named physicians, who have attended him to report directly to the Medical Director of the Policemen and Firemen Retirement System regarding his physical condition. The undersigned member agrees that the furnishing of this form or other forms supplemental thereto by the Policemen and Firemen Retirement System is not to be considered nor constitute an admission of liability by the City of Detroit Policemen and Firemen Retirement System.

Dated at DETROIT, MI 48226 This 23 Day of MAY 1994

*Eddy BT me*

Signature of Witness

*Tijuana L. Morris*

Signature of Member

TEL: 535-6315

**CITY OF DETROIT POLICEMEN AND FIREMEN RETIREMENT SYSTEM**  
**APPLICATION FOR DISABILITY RETIREMENT**  
 (To be filled out in ink)

Disability Number

Membership Number

230371

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4420 E. DAVISON  
DETROIT, MI 48212

DR. LERNER

2600 MARTIN LUTHER KING DR. BLVD  
DETROIT, MI 48206

IMAD KAFI

26555 EVERGREEN  
SOUTHFIELD, MI 48075

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men and Firemen Retirement System.

DETROIT, MI 48226

Dated at

This **23**

Day of **MAY**

**1994**

*E. B. T. me*

Signature of Witness

*Lawrence T. Morris*

Signature of Member

Address of Witness

**PENSION STATEMENT**

Police and Fire Retirement System  
of the City of Detroit  
2 Woodward Ave Ste 908  
Detroit, MI 48226-3455

Page 001 of 001

Period Beginning: 04/01/2014  
Period Ending: 04/30/2014  
Check Date: 05/01/2014  
Check Number: 7000158479  
Batch Number: 000000000537

Retirement Code B-41-0-7

**MORRIS, TIJUANA L**  
**PO BOX 23712**  
**DETROIT MI 48223-0712**

Tax Code No Withholding  
Pension No 230371  
Social Security No XXX-XX-2534

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	3018.93	0.00	3018.93	15094.65	Federal Income Tax		0.00	0.00
Annuity	0.00	0.00	0.00	0.00	Michigan Income Tax		0.00	0.00
					Death Benefit	00040210	0.09	0.45
					DPOA Group Ins	00040620	45.33	197.99
					Police Benefit & Pro	00040315	18.55	92.75
					Retired Assoc Dues	00080100	3.00	15.00

Gross Pay 3018.93 15094.65 Total Deductions 66.97 647.89  
Net Pay \$2,951.96

**IMPORTANT NOTES**☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code <b>POLICE AND FIRE RETIREMENT SYSTEM OF THE CITY OF DETROIT 2 WOODWARD AVE RM 908 DETROIT, MI 48226-3455</b>		1 Gross Distribution <b>\$35,781.75</b>		OMB No. 1545-0119 <b>2013</b> Form 1099R		Distributions from Pensions, Annuities, Retirement or Profit- Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal Identification number <b>38-2465279</b>		2a Taxable Amount <b>\$0.00</b>		Total Distribution <input type="checkbox"/>		
REDUCED DUTY DISABILITY? RECIPIENT'S Name and Address  <b>MORRIS TIJUANA L PO BOX 23712 DETROIT, MI 48223-0712</b>		2b Taxable amount not determined <input type="checkbox"/>		4 Federal Income tax withheld <b>\$0.00</b>		Copy C For Recipient's Records  This information is being furnished to the Internal Revenue Service.
		3 Capital gain (included in box 2a)		6 Net unrealized appreciation in employer's securities		
		5 Employee Contributions /Designated Roth Contributions or insurance premiums		8 Other		
		7 Distribution Code(s) <b>3</b>		IRA/SEP/ SIMPLE		
		9a Your percentage of total distribution		9b Total employee contributions		
		12 State tax withheld		13 State/Payer's state no		14 State distribution
10 Amount allocable to IRR within 5 years		11 1st Yr of Desig Roth contrib.		15 Local tax withheld		16 Name of locality
17 Local distribution						

## EXHIBIT

- 4) These documents are recorded in the plan of adjustments and bill from hospital

SUMMIT PHYSICIANS GROUP PLLC  
DEPT 771721 PO BOX 77000  
DETROIT MI 48277-1721

FOR BILLING INFORMATION, PLEASE CALL

AMOUNT DUE NOW	STATEMENT DATE	ACCOUNT NUMBER	AMOUNT ENCLOS
3090.00	05/01/14	17180	

EIN# 454013724

TIJUANA MORRIS  
14841 JOY RD APT 2A  
DETROIT, MI 48238

SUMMIT PHYSICIANS GROUP PLLC  
DEPT 771721 PO BOX 77000  
DETROIT MI 48277-1721

20 CHINTAN DESAI

☐ Please ☒ if address or insurance information has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT. RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

Name: TIJUANA MORRIS

DATE	PATIENT	DESCRIPTION	ACCOUNT ACTIVITY	
			INSURANCE	PATIENT
04/28/2014		Date Statement from 04/01/2014 to 05/01/2014		
04/28/2014		TRABA TRANSFER BALANCE		3090.00
		(INFO NOT RETURNED BY PT)\$3,090.00 03/12/14 MRI CERVICAL W/O CONTRAST		
BALANCE			0.00	3090.00

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT CHARO AT (248) 593-9780 X 230

0-30 DAYS	31-60 DAYS	61-90 DAYS	91-120 DAYS	120+ DAYS
3090.00	0.00	0.00	0.00	0.00

MAKE CHECKS  
PAYABLE TO:

SUMMIT PHYSICIANS GROUP PLLC  
DETROIT MI 48277-1721

ACCT:  
17180  
TIJUANA MORRIS



EXHIBIT

5) Social Security and DHS Denial letters, World Relief  
Denial letter

6) Same as above